2019 INDUSTRIAL HEMP GROWER/SEED
REGISTRATION APPLICATION

GROWER INFORMATION

Registrant’s Business Name ____________________________________________________________
2018 Industrial Hemp Grower Registration Number (if applicable): __________________________________________
(example: AG-R1234567IHG)

Legal Status of Registrant: _____ Individual/ Sole Proprietor    _____ Limited Liability Company
(Check one)     _____ Corporation    _____ Limited Partnership

Oregon Secretary of State Registration Number (if applicable) ______________________________
(This is not your tax ID number)

If your business is registered with the Secretary of State provide the names of all members, managers, corporate
officers, general/limited partners or other individuals/entities with authority to exercise control over the Registrant’s
business, incur debt or similar obligations on behalf of Registrant’s business, or enter into a contract or similar obligations
on behalf of Registrant’s business:

Name ___________________________________ Title _______________________________
Name _________________________________ Title _______________________________
Name _________________________________ Title _______________________________
Name _________________________ Title _______________________________

Attach additional sheets as necessary. Registrant must immediately notify the Department if there is any change
in individuals authorized to control Registrant’s business.

Registered Contact Person ____________________________________________________________
Telephone No. ________________________ Cell Phone No. ________________________________
Mailing Address: ____________________________________________________________
City ________________________________________ State ______ Zip _____________
Email ______________________________________________

GROW SITE INFORMATION: (list each grow site separately)

Site 1: (Check one) Field _____ Greenhouse _____ Size _____ (acres or square ft)
Intended use (check all that apply): Flower _____ Hemp Seed _____ Fiber _____ Biomass _____
Other _____
Provide Field Name or ID (Limit to 10 Characters) __________________________________
Street Address ________________________________ County _____________________________
City ________________________________________ State _____ Zip _____________
List Global Positioning System (GPS) coordinates in DECIMAL (e.g. 44.123456, -123.123456)
Latitude ______________________________ Longitude _____________________________
(Please provide coordinates from the approximate center of growing area)
IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your
records.
Site 2: (check one) Field ____ Greenhouse ____ Size ___________ (acres or square ft)
Intended use (check all that apply): Flower ____ Hemp Seed ____ Fiber ____ Biomass ____
Other ____
Provide Field Name or ID (Limit to 10 Characters) __________________________________
Street Address ____________________________________ County __________________
City __________________________________________State ____ Zip _________________
List Global Positioning System (GPS) coordinates in DECIMAL (eg. 44.123456, -123.123456)
Latitude ______________________________ Longitude ____________________________
(Please provide coordinates from the approximate center of growing area)
IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your
records.

APPLICANT MUST LIST ALL GROW SITES AND PROVIDE A MAP SHOWING BOUNDARIES OF EACH SITE.
ATTACH ADDITIONAL SHEETS AS NECESSARY.

Applicant for registration acknowledges and agrees that:
• Any information provided to the Department may be publicly disclosed and may be provided to
law enforcement agencies without notice to the applicant;
• The Department may enter any field, facility or greenhouse used for production or handling of
industrial hemp or agricultural hemp seed and may take samples of the crop, including
agricultural hemp seed, as necessary for the administration of the industrial hemp laws;
• All fees lawfully due to the Department are timely paid;
• The information provided is true and correct and the applicant’s signature is an attestation of
that fact.

I (print your name) __________________________________________ agree to general
conditions that
in addition to meeting all laws and regulations pertaining to industrial hemp growers and handlers, ORS
571.300 to 571.315, as amended by Oregon Laws 2016, Chapter 71, Oregon Laws 2017, and Oregon
Laws 2018, Chapter 531 and OAR 603-148-0010 to 603-048-2480, all production, storing, processing,
handling, packaging, labeling, marketing and selling of agricultural hemp seed must meet all applicable
seed laws. Regulations as specified in ORS 633.500 through 633.996 and seed regulations OAR 603
056-0490. By signature below I attest that the information in this application form is true, correct, and the
above requirements are understood.

Signature ____________________________________ Date __________________________

Keep a copy of this application and all other records associated with your industrial hemp business as
required by Oregon Administrative Rule. OAR 603-048-0500 Registrants must maintain records of all
transfers of ownership or possession of industrial hemp for no less than three (3) years after the total
disposition of each harvest lot.

You will be contacted if your application is incomplete and additional information is required. Please
forward missing information as soon as possible after the request is made by the Department. If missing
information is not received by the Department within 30 calendar days of the request, processing of the
application will end and the applicant will be refunded in full.

Oregon Department of Agriculture, Industrial Hemp Program, Phone 503-986-4652 Email: industrial-hemp@oda.state.or.us
• Website: https://oda.direct/HEMP • Revised 11/2018
### FEE AND PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Annual Fee</th>
<th>Fees Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industrial Hemp Grower Registration</td>
<td>$1,300</td>
<td>$ _____________</td>
</tr>
<tr>
<td>Agricultural Hemp Seed Registration</td>
<td>$120</td>
<td>$ _____________</td>
</tr>
</tbody>
</table>

Registrations for Growing or Handling Industrial Hemp, or Registrations for Agricultural Hemp Seed are valid for a one-year term beginning January 1, 2019 and ending December 31, 2019 unless revoked. Fees cannot be pro-rated and are non-refundable once a registration has been issued.

Signature __________________________________________ Title __________________ Date _____________

Print Owner’s Name __________________________ Date of Birth ___/___/_______

If new owner, print former owner’s name ______________________________________________

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**For checks or Money Orders, mail (USPS only) to:**
Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland, OR 97208-4395

**For Credit Card Charges, mail (USPS only) or fax to:**
Oregon Department of Agriculture
635 Capitol St. N.E.
Salem, OR 97301-2532
Secure Fax: (503) 986-4746
**DO NOT EMAIL CREDIT CARD INFORMATION**

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a $25 administrative fee as per ORS 30.701.

**For Discover, Visa or MasterCard Charges Complete the Following Information**

Name of Cardholder _________________________________________ Phone __________________

Address of Cardholder __________________________ City _________________ Zip _________

Signature: ____________________________________________ Total Charges: $ _____________

Card Number: _______ / _______/_______/_______ Expiration Date: _______/_______

A receipt is available by email or Fax for credit card payments ONLY. If you would like to receive a receipt provide an email address here ____________________ or a fax number here ____________________.